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THE INTERESTS OF THE PUBLIC AND THE MEDICAL PROFESSION.

AN ABSTRACT OF THE ANNUAL DISCOURSE BEFORE THE MASSACHUSETTS
MEDICAL SOCIETY, JUNE 9, 1875.

BY GEORGE H. LYMAN, M. D., OF BOSTON.

MR. PRESIDENT AND FELLOWS OF THE MASSACHUSETTS MEDICAL SOCIETY, — The first annual reunion of our society, comprising at that time but thirty-one members, was held ninety-four years ago. The custom inaugurated three years later, of devoting an hour at these meetings to an annual address, has, with four or five omissions only, been continued now for nearly a century. From the mere handful of men originally composing the society, we have increased to some fourteen hundred members.

During this long interval, the changes which have come over the spirit and practice of the profession of medicine, and the altered relations developed between it and the public, are more or less familiar to you, as are also the persistent attempts of unqualified pretenders to get such a lodgment under our banner as would enable them the better to pursue their impositions. Occasionally, unfit persons have by false pretenses obtained admission, but the association has proved an uneasy one for them, so incongruous and uncongenial that sooner or later they have been compelled to retire.

Were our objects purely selfish we might well abandon every struggle for better things, for who does not know that a patent pill or a well advertised elixir has more money in it than our philosophy has ever dreamed of?

If we are accused of conservatism, it must be conceded that it is for the conservation of the interests of the public: if we have refused to affiliate with any "exclusive dogma," whether it be Perkinism or Spiritualism, Thomsonianism or Eclecticism, Allopathy or Hydropathy, Homœopathy or Electropathy, our sufficient reason is that the range of the regular practitioner includes everything of worth which they contain, most of these erratic systems originating mainly in attempts to erect an independent structure upon some isolated but already well-known medical fact, valuable only in its existing and subordinate connection.

Were the charge true that our organization tends to limit free inquiry and independent practice, we should now be all following the same routine of set formulas for every disease. So far from the truth is this, that the disagreements of doctors are proverbial.

While pathology, physiology, diagnosis, hygiene, the natural history of disease, have in their rapid development approached more and more nearly the dignity of science, it still remains true that the practical application of our remedial measures to the multiform and complicated emergencies arising from individual constitution and habits of life constitutes as yet only an art, in which the artisans, precisely as in all other callings, are more or less skillful, and that the fullest latitude is allowed to the judgment of each individual. Every physician has his favorite method, the result of personal experience or choice, for meeting indications as they occur. One is most successful with morphine, another with opium, as an anodyne; one prefers cold water, another, digitalis and squills, for diuresis; one approves of blue mass, another of podophyllin; one believes in the ligature, another in torsion. Some, indeed, believe in nothing at all, unless it be with the early objectors to anaesthesia in midwifery, that pain and suffering are a part of the plan of creation and had better not be much meddled with.

It cannot be denied that there is quite as much difference among regular practitioners in their methods of treating the same disease as between them and the better class of so-called irregulars, between whom and ourselves the distinction in many cases is one of ethics rather than one of therapeutics, and the result has naturally been the absorption by regular practice of all worth preserving in every "ism" and "pathy" that has attempted the erection of a new school on its "exclusive dogma." Nor need we fear a different result from any of the novelties which the future may have in store.

The restless spirit of the age resents any exhibition of conservatism, no matter where it may manifest itself; neither law, theology, nor politics is safe from the attacks of the modern reformer, clad in his mail of self-conceit. It is not surprising, therefore, that our own profession, a compound as it is of science and art, and which is perhaps the least capable of mathematical demonstration of any of the liberal callings, should be obliged, in its turn, to put itself on the defensive against outside clamor, nor that the cautious spirit which has always characterized our action as a society has been attributed, by the unthinking portion of the community, to illiberality, to a blind conceit and pride of opinion, clouding our vision of the new truths so palpable to their clearer intellectual insight.

It surely may be claimed for regular practitioners as a body, that they are as intelligent, honest, unselfish, and gifted with as fair a share of common sense, as any other body of men. Granting this, it is passing

strange that the same business sagacity which distinguishes our people in their respective callings should not lead them to recognize that their safest course, in matters involving such vital issues as the preservation of life and health, is to leave the working out of these problems to those specially trained for the duty, and whose interest in the result cannot possibly differ from their own.

It is unnecessary to state to this audience that the practice of to-day is in almost every respect unlike the practice of our fathers, and probably another half-century will witness a corresponding amount of light thrown upon much that is now confessedly obscure. Such progress can only be delayed by an arrogant assumption that all novelties are necessarily worthless.

Intemperate opposition only makes martyrs of those, than whom none know better how much for their interest is this species of martyrdom. There is a force behind which irresistibly impels to progress and development, and it becomes the medical profession to retain the lead if they do not wish to be lost sight of in the rear. Were the axiom always borne in mind that we have no rights separable from the interests of the public, it would clear away much sensitiveness and misapprehension; then the public, realizing our disinterestedness, would more cordially rely upon our judgment, and patiently wait for all necessary investigation with something of the old faith in the final decision.¹

There is one topic relating to our profession which is now interesting certain portions of the public, and one which, sooner or later, we may be compelled to take into consideration, arising out of the excitement as to "woman's rights," especially in relation to a higher standard of female education. I refer of course to the question as to whether our medical schools and hospitals should be opened to women; if so, whether by the method of separate or mixed instruction; and finally, whether those able to pass satisfactory examinations shall be admitted to our society.

First of all, then, we may freely admit the right of women to every educational advantage in all the arts and sciences, in law, theology, and medicine. They not only have this right, but they already exercise it; and if they can attain to the standard required, we need seek no occasion to throw obstacles in their way.

Whether the education they seek shall be in our companionship; whether the law schools, the theological seminaries, or — which more concerns us — the medical colleges and dissection-rooms shall be thrown open to them indiscriminately; and whether we especially are called

¹ A gratifying and encouraging indication of the confidence still existing in the purposes and practices of the medical profession, notwithstanding the plausible and aggressive character of quackery, is shown by the liberal contributions made since our last meeting, for the erection of new buildings to facilitate the work of the Medical Department of Harvard University.

upon to assist them in securing these demands and then admitting them to this society, which was never intended for such affiliation, are questions involving many other considerations by no means so clear.

It is a common popular fallacy, founded upon a superficial, perverted view of the facts, that females are peculiarly adapted to the practice of obstetrics. Nothing could be more erroneous, as there is probably no branch of the profession for which they are so ill adapted. More than half a century ago the propriety of the employment of women as midwives agitated the profession and the community in this vicinity. The matter was reviewed by Dr. John Ware, among others, and his opinion was clearly against it, not on the ground of any "intellectual inferiority or incompetency in the sex," but "rather from the nature of their moral qualities." He adds: "I venture to say that a female could scarce pass through the course of education requisite to prepare her as she ought to be prepared, for the practice of midwifery, without destroying those moral qualities of character which are essential to the office." His reasons are cogently put, and to the many here present who remember his wise judgment, the acuteness of his observation, and the purity of his character, those reasons would have great weight.¹

Indeed, it may well be doubted if in the whole domain of even purely surgical practice more of these masculine qualities are required than in some of the unforeseen accidents to which every lying-in woman is liable, and upon the occurrence of which nothing but the most prompt interference will prevent a fatal result to the mother, or to the child — possibly to both. This branch of the profession, in the hands of women from time immemorial, receiving from them little or no improvement, no thorough investigation, had no sooner passed into the control of men than its practice was revolutionized, and so continuously developed by exhaustive study and analysis of the physiology, mechanism, and therapeutics of parturition, that it may now be reckoned among the most perfect departments of our art.

It is asserted by most of those who have given attention to this subject, that the delicacy and sensitiveness of the female organization, and especially the physiological peculiarities of their sexual nature, are incompatible with the physical vigor required for the harassing and wearying duties of the medical profession, duties from which even the strongest men are often obliged to seek relaxation. To this the reply is made that the assertion is not founded upon fact. This answer may be, doubtless in some instances is, correct; but we may be permitted to question whether the cases cited in proof are not really exceptional, and whether such results, as a rule, can be attained without in some measure destroying that relationship between the sexes established by an all-wise Providence, and the recognition of which has heretofore been

¹ Remarks on Employment of Females as Midwives. Boston. 1820.

thought essential to the best welfare of society. How many women after all are there, whose health, strength, or temper for a fourth or fifth of the active period of their lives, is not accompanied by a state of nervous erethism sufficient to materially and unfavorably influence their mental equipoise, as well as their physical ability for professional work? "They cannot escape the physiological conditions of their sex." Most women, as well as most men, naturally hope to be married, and being married hope to have families. If their time is to be given to the exacting demands of professional life, instead of, or in connection with, those more domestic pursuits which heretofore have been considered as their appropriate sphere, and for which no one else is competent, they must first point out to us some feasible substitute, or both parties will come to grief.

But admitting, if you please, for the occasion, that the medical profession does offer a proper opening for the ambition of a few of the female sex, the important consideration immediately intrudes itself, How shall that education be acquired? Shall it be in mixed classes, in the companionship of the other sex, with all the existing advantages which our medical colleges render immediately available, with their organized corps of instructors, their dissecting-rooms, laboratories, museums and clinics? Or shall these same facilities be afforded them only in separate classes, involving of course double duty from the instructors, who for the present at least must be, for want of any other, of the male sex? Or, neither of these being acceptable, shall the privilege be accorded them of examination for degrees (as is now done in Dublin, Oxford, and elsewhere) whenever they, by such independent methods as they best can secure, shall have fitted themselves for that agreeable ordeal?

In Great Britain there seems to be a willingness to admit women who may desire it to matriculation, but only in separate classes. There being no law compelling unwilling professors to give separate instruction, their opportunities are necessarily limited. Even when, as stated above, they succeed in getting the necessary instruction, it has been formally decided "that women have at common law no right to demand to share the studies of men at universities, and no right to demand degrees."¹

On the Continent, however, there seems to be less sensitiveness, and women may be admitted freely in mixed classes, to professional medical teachings and demonstrations on all subjects, without exciting disagreeable comment. Whether this be owing to more general freedom between the sexes, to what we should consider a lax tone of public delicacy, or to some other cause, it is difficult to say; but it is rather startling to suppose that such a state of public sentiment will ever be-

¹ *Saturday Review*, July 5, 1873.

come the rule in this country. Disclaiming any juvenile squeamishness, the idea of woman being present at certain anatomical demonstrations, either on the living or the dead subject, which are imperatively necessary for the proper instruction of students, is neither more nor less than disgusting. It is, in this connection, arrant nonsense to say that to the pure all things are pure, and to repeat the stupid platitudes about "prudery," "sickly sentimentalism," "false shame unworthy this advanced age," etc.; as well apply these terms to the ordinary conventionalities of all decently pure domestic life, and demolish every door and shield to privacy.

On the other hand the difficulties attendant upon wholly separate instruction, with separate colleges, hospitals, and other necessary paraphernalia, are so evident that for any attempt in that direction disappointment may be predicted in advance. It seems hardly probable that the numbers seeking their advantages would be large enough to render the solution of the pecuniary problem, that bugbear of all large educational projects, an easy one; so that it apparently results in this, that if women are to be educated as doctors with any prospect of success, it must be effected through the instrumentalities already in operation for the instruction of male students.

Finally, granting that in one way or another they have been able to prepare themselves sufficiently to pass the requisite examinations, and have received their degrees, the main question recurs, What should be the policy of this society as to admitting them to its privileges?

If however much we may disapprove, they are to be professionally educated and given degrees, their admission seems to follow as a natural and necessary result, and indeed there are reasons why it might be thought advisable. It is quite improbable that in point of numbers their influence would ever become embarrassing.

It would terminate a so-called grievance, the constant iteration of which places us in a false position to the public, and renders our motives liable to misconstruction.

The most serious objection to their admission is that it would be immediately construed as a tacit approval by the medical profession of any professional education for women. This would be a great error, the truth being that the profession as a whole are singularly unanimous in their disapproval of any such aim, they having a very decided conviction that the higher standard of education which women are seeking, and which they certainly ought to have, should find for its development other and more appropriate spheres which are as yet far from being exhausted.

Mr. President and gentlemen, one duty remains to me, the only one which your favor has imposed that I approach with any feeling of reluctance; it is to remind you of the fact that while we may be

instrumental in warding off disease and death from others, we can ourselves claim no exemption from the dread summons.

During the past twelve months thirty-five of our number have gone to give an account of their stewardship. Most of them were long past the meridian of life; two¹ highly distinguished for their varied acquirements, justified their title of honorary members by leaving behind them at threescore years and ten an enviable professional and social reputation for scientific attainment and personal worth.

Among the others there were many whose long accustomed familiar presence at our meetings will be sorely missed. The perpetuation of their memory upon our records belongs of right to other hands, but I trust you will pardon me for an allusion to some who have been peculiarly prominent in this city.

There is hardly need of words to remind those of you so long privileged with his daily presence, of our late President, Dr. Charles G. Putnam, a man who bore about with him such an invariable atmosphere of kindness and gentle courtesy, a man whose abundant professional resources, and whose great tact and operative skill in his own especial branch were always so freely at the service of his less experienced brethren, and whose qualities of head and heart it delighted us to recognize by conferring upon him our most honorable office.

The name and memory of Jeffries Wyman, whose professional worth and high distinction in the more peculiarly scientific branches of our work have already received such just and eloquent tributes, belongs not to us alone, but to the whole country. To this society it must always be a source of pleasure and pride that his name stands enrolled upon its catalogue as having been one of its most active members.

Dr. George Derby, too, will be remembered and honored by all as one who, after achieving distinguished reputation for hospital service during the war of the rebellion, deserved every credit for his persistent efforts in developing and sustaining the influence of our State Board of Health, until it finally became a permanent power for good in the land.

In like manner I might enumerate others of the list, were it not encroaching too much upon the privilege of those whose duty and pleasure it will be to commemorate them.

Let it be our aim so to conduct ourselves in our professional relations to each other and to the public, that we too at the last may deserve the like kindly recognition.

¹ Josiah Crosby, Manchester, N. H., died January 7, 1875, æt. 81; Edward Delafield, New York, died February 13, 1875, æt. 81.

ON HATHORN SPRING MINERAL WATER.¹

BY S. A. FISK, M. D., OF NORTHAMPTON.

MINERAL waters are probably the most notable of all the remedial agents which have been used by man from a very early period; their curative powers have not only inspired his faith, but have also retained it to a considerable extent, and this, too, notwithstanding the medical profession of late years has seemed largely to overlook the real merits of these therapeutic agents.

While I have for many years regarded the waters of Saratoga Springs as an agreeable beverage and a pleasant evacuant, I have, in common with very many, if not with a large majority of the medical profession, looked upon those springs rather as a resort of the gay votaries of pleasure and fashion, than of those seeking benefit from medicinal waters. Such is undoubtedly the fact to a considerable degree; and to this is probably due the belief that whatever of renewed health and vigor may follow a visit to this renowned place is to be ascribed rather to the pure and stimulating air, to a relaxation and relief from the engrossments of business, to a temporary change of habits of life, and to the varied and pleasurable excitements attendant upon a sojourn in the midst of scenes so diverting, than to the real remedial qualities of the mineral springs.

Admitting that these influences have a happy and beneficial effect upon the overworked, still there is a large class of invalids who resort there, not to be active participants in gay scenes, but to drink the waters, and who do find them health-giving and possessed of positive curative value. In such cases, the invigorated health, and renovated spirits cannot be ascribed simply to a change of air or to the relaxation which the social attractions and amusements of the place afford; for without the use of the water these results do not so surely follow, neither do they follow in so marked a degree.

Three years ago I visited Saratoga Springs with a different object in view and in a different condition than ever before; I went then as a seeker after health, and became an exceedingly interested and critical observer and investigator. For many months prior to that time I had become the subject of persistent insomnia. Sleep would visit my eyelids but for a brief period at a time; from thirty to sixty minutes was its average duration, to be succeeded by long intervals of wakefulness.

Accompanying this vigilance was the still more distressing malady of vertigo, from which I suffered often, and which at times confined me to my bed from two to eight days, then wearing gradually off, to be speedily followed by another attack, quite as disabling and prostrating as severe sea-sickness. A few hours of mental exertion, mental anxiety,

¹ Read before the Hampshire District Medical Society, May 12 1875.

or any fatigue that lowered the standard of my health at that time was sufficient to produce an attack of vertigo in its severer forms.

My stomach sympathized in the general derangement and was not, as might be supposed, a primary cause of the mischief. Anything and everything that I ate caused distress. The action of the heart was feeble, and a very decided dropsy of my legs now showed itself and became exceedingly troublesome, the oedema increasing persistently.

Moderate physical exercise overcame me. A ride of six or eight miles exhausted me, and with this there was not the slightest emaciation. I was the victim of great nervous prostration; a diagnosis which was confirmed by a number of my professional brethren, who after most thorough investigation were unable to discover organic disease. Having failed to get relief from remedies suggested from the pharmacopœia, I resorted in this condition to Saratoga Springs, not as before, for relaxation and enjoyment, but for the purpose of drinking the waters for their medicinal and remedial effects.

These waters, in the nomenclature of mineral springs, are known as alkaline-saline waters. Being highly charged with carbonic acid gas, they take up and hold in solution the alkaline carbonates and chloride of sodium principally; though some of the springs, in addition to these, hold carbonate of iron, carbonate of lithia, iodide of sodium, and other salts more or less in solution. The large amount of carbonic acid gas contained in these waters not only increases the solvent powers of that menstruum, enabling it to take up and hold in solution a favorable combination of ingredients, but renders them very easy of digestion, and to most persons very agreeable to the taste.

Here, in these waters, but more especially in that from the Hathorn Spring, I found a remedy that seemed to meet the indications in my own case. These indications evidently were, to put the digestive organs into healthy action, to unload the plethoric visceral vessels, to stimulate the emunctories, and to so break up and change the acid and other secretions of the stomach that food might be digested and assimilated readily.

The Hathorn Spring, which was accidentally discovered in 1868, and which is already taking a leading place for its prompt and certain therapeutic properties, contained the combination of chemical agents that were indicated in the condition I was in at that time. In taste and general character this water resembles that of the celebrated Congress Spring; it is stronger, however, in some of its constituents, more prompt and certain in its action, and contains also a bicarbonate of lithia which renders its diuretic properties of great value.

The following is the

ANALYSIS OF THE HATHORN SPRING.

Chloride of sodium	509.968 grains.
Chloride of potassium	9.597 "
Bromide of sodium	1.534 "
Iodide of sodium198 "
Fluoride of calcium	a trace.
Bicarbonate of lithia	11.447 "
Bicarbonate of soda	4.288 "
Bicarbonate of magnesia	176.463 "
Bicarbonate of lime	170.646 "
Bicarbonate of strontia	a trace.
Bicarbonate of baryta	1.737 "
Bicarbonate of iron	1.128 "
Phosphate of soda006 "
Biborate of soda	a trace. "
Alumina131 "
Silica	1.260 "
Organic matter	a trace. "
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Total solid contents	888.403

Carbonic acid gas in 1 gallon, 375.747 inches. Density, 1.009.

It will be observed that the quantity of salts contained in this water, excepting the chloride of sodium, is comparatively small. Its therapeutic action, however, when taken in the usual quantity is much greater than the small amount of the salts would produce if combined artificially. In its remote action it is, like other mineral waters, a powerful alterative when taken in moderate quantities, for a considerable time.

When an explanation of these facts is asked for, we can only quote in reply that calm and careful investigator and most brilliant practitioner of our day, the lamented Trousseau, who, writing of the peculiar therapeutic effect of mineral waters, says: "Whatever may be said of them, mineral waters are not simple medicaments; whatever may be the predominant mineralizing agent as demonstrated by analysis, it acts not alone. Nature, in combining with the more or less notable elements which chemistry may isolate other exceedingly variable ingredients and principles which have not yet been discovered, has done for this mineralized agent that which we seek to imitate each day in our prescriptions when we endeavor to reinforce or diminish the effects of a medicinal substance by associating others with it. In making due allowance for the particular phenomena which may result from the action of such or such elements which enter into the composition of a mineral water, we should not attribute to a single principle, however dominant it appears in the chemical analysis, all the properties of the water; and clinical experience only can permit us to judge. This is so exceedingly true that dyspepsias allied to a grave cachectic state (I do not now speak of paludal cachexia) are admirably modified by very different waters; by

those waters in which the mineralizing principle escapes, so to speak, chemical analysis. . . . Plombières and Bagnères-de-Bigorre, in the particular disease which occupies us, in virtue of an action which escapes us and which I know not how to explain, triumph over rebellious dyspepsias. Under their salutary influence the appetite revives, the constitution is reorganized; patients affected with dropsy, with visceral engorgement, arrive at Plombières or at Bigorre in a deplorable state, and depart, after a single season, in a condition notably ameliorated, and are often cured in a manner altogether unexpected."

What Trousseau says of Plombières, I am able, from a personal experience, to say of Hathorn Spring water. Its therapeutic action is very prompt. When taken in the morning, it is agreeable to the taste, grateful to the stomach, and acts efficiently as an evacuant; and while it may, and in many cases does, induce full and copious dejections, they are not attended with pain; neither is languor nor debility experienced by the patient; but, on the contrary, a feeling of refreshment and invigoration. The immediate effect upon the digestive organs, whether impaired by disease or exhausted from any cause, is to increase their powers of assimilation and nutrition, the appetite being increased at once. That oppression which is often felt, that sense of fullness which was termed "abdominal plethora" by the old authors, that condition, in short, in which the liver, spleen, and mesentery are usually filled with blood, slowly moving, and when hæmorrhoids are troublesome, is quickly relieved by it. The abdominal circulation is increased and the engorgement of the blood-vessels is diminished with a gratifying sense of relief.

To those affected with what has been supposed to be an engorged condition of the liver, characterized by a dusky complexion, a coated tongue, a pasty, bad taste in the mouth, a capricious appetite and sluggish action of the bowels, with a sense of fullness in the head and of mental dullness, this water proves most valuable. It seems to liquefy the bile, causing it to flow freely, and gives increased action to the intestinal canal.

When taken more frequently and in smaller quantities than the cathartic dose, its effect upon the kidneys is no less happy. Its action upon the renal secretions is prompt, uniform, and quite certain. A turbid, irritating urine is quickly cleared up by it; the ureters and bladder are soothed, and many cases of vesical catarrh are quite relieved by it.

In some of the cutaneous diseases, those more especially dependent upon an acid state of the secretions, these mineral waters are beneficial, both from their alkaline properties and from their depurative effects.

Such, in brief, are some of the therapeutic effects of the Hathorn Spring water, to the use of which I attribute the entire relief I have obtained from the uncomfortable symptoms detailed above. Sleep, quiet and refreshing, has returned to my pillow. The only consciousness I now have of a stomach, when it is kindly treated, is from its intimations

of hunger; and the dropsy, which was troublesome for so long a time, and which suggested serious reflections, has disappeared; strength and a comfortable amount of endurance have supplanted a feeling of languor and of debility. The dyspeptic symptoms and the dropsy were speedily relieved by a short season at the springs; they returned, however, after a little time, but a continued use of the water for a few months brought about a permanent condition of health.

I have referred to my own case with so much of detail as it is illustrative of this subject, and because some of you are familiar with it, and to you I am under obligations for kind professional advice and assistance.

RECENT PROGRESS IN DERMATOLOGY.¹

BY JAMES C. WHITE, M. D.

Treatment of Sycosis. — Veiel² claims to be able to cure sycosis in his establishment at Cannstadt in four weeks by the following method:

The beard is cut short with scissors, the crusts are softened with poultices of bread and milk and flaxseed, and after this an ointment consisting of tar, two parts, and green soap, one part, is rubbed into the skin until the hairs are easily extracted with forceps. After epilation is completed acetic acid is applied by a brush. In consequence of this painful treatment the parts swell and discharge a serous fluid, which dries to a crust in twenty-four hours, and falls off in three or four days. After this the single pustules which form are, after epilation, to be again touched with acetic acid. The application of a sulphur paste forms, in combination with a course of baths and laxatives, the conclusion of the treatment.

During the last ten years Veiel has treated thirty-seven cases, of which thirty-four were discharged well. The duration of the disease was in seven of them under five years, in five over ten years, and in one over twenty years. Seventeen of the patients were between twenty and forty, and twenty of them were between forty and sixty years old.

He says nothing of relapses; nor is it stated whether the cases were of a parasitic or non-parasitic form. The *Medical Times and Gazette*,³ makes the statement that Neumann has recently met with his first case of parasitic sycosis in Vienna, and adds that the disease appears to be as rare in Austria as in England. It certainly is by no means rare here as the sequel of ringworm of the face.

¹ Concluded from page 653.

² *Blätter für Heilwissenschaft in Vierteljahresschrift für Dermatologie und Syphilis*, Jahrg. 1, Heft 2 und 3.

³ January 9, 1875.

Norwegian or Crusted Scabies. — Dr. Bergh,¹ of Copenhagen, communicates a long and very interesting article on this peculiar form of itch, in which, as is well known, the animals live in colonies in the crusts, with which the skin is more or less generally covered. From some cause, not fully understood, but probably an individual peculiarity, an excessive formation of epidermal scales takes place in parts, beneath which the insects live and die in successive generations, leaving their remains embedded like fossils in superimposed strata; of this rare affection Bergh gives now another instance, in which, in addition to the crusts above mentioned, several of the nails of the fingers and toes presented similar epidermal outgrowths of great size, resembling thick claws, as has been observed in other cases. The patient had been affected by the disease for sixteen years. The subjective symptoms were the same as usually accompany severe cases of scabies of long standing, depending in great measure upon the universal distribution of the ordinary lesions of the affection, which in this case, as in most of those previously observed, were also present. By the microscope the crusts were found to consist of epidermal cells glued together by fluid exudation, and of a molecular material mostly of a fatty nature, mixed with a little blood. Their substance was found to be filled throughout with an innumerable number of the excrements, egg-shells, eggs in all stages of development, cast-off skins, and animals in all stages of metamorphosis. The outgrowths from the nails were found also to be filled with similar forms; the careful examination of a single fragment, a cubic millimetre in size, yielding one male, one female, two eight-legged and six six-legged young, six eggs, and twenty-five egg-shells, thirteen larger and smaller bits of their skin, and about two hundred and fifty faecal masses. It is in this form of scabies that the male sarcoptes is most readily obtained, inasmuch as both sexes are found in the crusts in nearly equal numbers. In the examination of the nails in this case, Dr. Bergh counted one hundred and sixty-one males and one hundred and ninety females. With this abundant material at command he has made a minute study of the animal in all stages, the results of which are given in detail, and establish beyond doubt its identity with the sarcoptes of ordinary scabies.

The patient was first treated by baths of potash, the hands and feet were enveloped in vulcanized rubber, and the body sprinkled with a solution of carbolic acid in water. After seven baths all the crusts had fallen off and the nails had become smaller. A liniment of styrax was then applied twice a week morning and evening, and the sprinkling and baths were used on the other days. At the end of four weeks the last of the nails had fallen, but were reproduced upon the toes in the shape of claws. The skin where the thickest crusts were seated was

¹ Vierteljahresschrift für Dermatologie und Syphilis, 1 Jahrg., 4 Heft.

still red and somewhat thickened, while in other parts it was deeply pigmented. After a continuation of this treatment for two months and a half the patient was finally discharged well.

Disturbances of the Sensibility of the Skin. — Dr. Rendu¹ is publishing an extended series of observations upon the changes of sensibility of the skin in its various affections. He finds that these alterations occupy an important position in the symptomatology of cutaneous diseases, whether they be fugitive or chronic, superficial or deep-seated in their nature. No general law of deviation, however, has been discovered. With the more superficial lesions of eczema, for instance, there are manifest perturbations of the different varieties of sensation, while on the other hand in the deep tissue changes of scrofula and syphilis, which should destroy all sensitive perceptions, the sensibility is left intact. Moreover, in inveterate psoriasis the sensations may preserve their normal character, while in the earliest vesicular stage even of zoster they will be almost always altered. The different kinds of sensation, too, vary without regard to each other. It is very rare, for instance, to see the sense of touch, of pain, and of temperature affected to the same degree in any disease of the skin; generally it is a change in the sense of temperature, always a diminution, which is first perceived and persists the longest. Change in the sense of touch is the next to show itself, and in general its variations follow those of temperature, anæsthesia prevailing over hyperæsthesia. Eczemas and psoriasis, for the most part, fall into this category; while the pseudo-exanthems, zoster, and artificial eruptions are generally accompanied by hyperæsthesia. The sense of pain, on the other hand, differs widely from these in its variations. Its changes are ordinarily less than those of touch and temperature, so that it often remains intact where there is obtuseness of tactile sensibility and thermo-paralysis. In eczema, for instance, true hyperalgesia may occur in marked contrast to diminution of the impressions of contact and temperature. On the other hand the sensations of touch and temperature may be normal or only slightly altered, when a more or less profound analgesia constitutes the dominant symptom, as in the circinate forms of psoriasis especially. When tactile sensibility is exalted, hyperalgesia is equally observed as a rule, and analgesia is never seen to coincide with tactile hyperæsthesia, although it is common to meet with thermo-paralysis under these circumstances. Zoster, erysipelas, and most of the artificially provoked affections furnish examples of this kind of association. The four following groups of variations may be recognized: —

1st. Diminution of tactile and thermic sensibility, that of pain being preserved. This is the most common class, and includes eczema and psoriasis.

¹ *Annales de Dermatologie et de Syphiligraphie*, vi., No. 2.

2d. Exaltation of sensibility to touch and pain, thermic sensibility being blunted. This is the type to which belong erysipelas, herpes, erythema, and most of the artificial eruptions.

3d. Preservation of the sense of touch and temperature coinciding with analgesia more or less pronounced, as in some forms of psoriasis.

4th. Finally, in certain cases, hyperæsthesia associated with anæsthesia and analgesia, sensibility to temperature remaining intact or diminished. This is noticed in zoster, which forms a special group therefore.

Relations of the Nervous System to Skin Diseases.—Dr. Bulkley in this article¹ publishes his conclusions as to the neuro-pathology of cutaneous diseases after a careful study of the subject from the anatomical, physiological, and pathological points of view. He calls attention first to the intimate relation between the nerves and the various structures of the skin; then to the close physiological connection between the skin and other organs through nerve-communication, to the distribution of certain eruptions along nerve-tracts, and to the phenomena of reflex irritation; and then to the teachings of pathological observation. He would show by reference to a great number of recorded cases that peripheral nerve-injury is followed by cutaneous lesions, that lesions of conducting nerves are constantly followed by the same, and that traumatic as well as idiopathic disease of the spinal cord and brain are not infrequently accompanied by certain forms of skin disease. Negatively he argues that “nerve-section or nerve-abnegation are incapable of exciting these disorders;” while nerve-irritation or reflex action are abundantly able.

Stated thus generally, there is little reason to disagree with these conclusions of Dr. Bulkley; but when he would apply them to many of the forms of skin disease cited in this article as evidence of their correctness, we should say that they are as yet unwarranted. And this judgment would certainly be strengthened by his argument from a therapeutical point of view. “Not less striking,” he says, “are the therapeutical indications of a neuro-pathology of skin-diseases. Among our very best remedies are iron, quinine, strychnine, and arsenic, potent also in nervous disorders, while electricity, long serviceable in the latter, is claiming a high place in cutaneous therapeutics. If asked as to the action of other remedies, as the alkalies, acids, vegetable and mineral products, we reply, by so altering or removing elements which cause nerve-irritation that normal innervation returns and continues.” The old humoral pathology, or the modern French doctrine of diatheses in dermatology, might be as conclusively substantiated by the same argument. The science of therapeutics can hardly walk alone; it is an unstable prop for pathology to lean upon. As for the claims of “electricity in cutaneous therapeutics,” they have been loudly

¹ Archives of Electrology and Neurology, November, 1874.

sounded from some quarters, but upon so feeble grounds that they scarcely deserve attention.

The article is full of valuable references and information, and forms a very important contribution to the literature of the subject.

STEINER ON THE DISEASES OF CHILDREN.¹

THERE are few men so well qualified by large opportunities of observation and experience to write a work upon children's diseases as Professor Steiner, who has been uninterruptedly connected with the Francis-Joseph Hospital of Prague for fifteen years, spent partly under the guidance of Freiherr Joseph von Löschner, and partly in the independent position of teacher and physician-in-ordinary to the hospital. The cause of true medicine is advanced when such men are willing to take upon themselves a labor so arduous; and the translator is to be congratulated for the good work he has done in enlarging the circle of readers to whom it will now be accessible.

As illustrative of the large amount of material which the Children's Hospital at Prague furnishes, we have taken the following interesting facts at random from the book: In an annual *clientèle* of 9000 patients, there were 1300 suffering from catarrh of the air-passages; of 4292 cases of brain disease, tubercular meningitis was found 224 times; of 100 cases of brain tumors, 94 were tubercle; during twelve years there were seen 52 cases of tetanus, and of these 45 were fatal; 275 cases of chorea were seen during ten years; and it is interesting to note that the author knew of no case where intestinal worms could be assigned as the exciting cause; nor had he ever seen a single case of epilepsy where this disease was produced by worms; 10,181 cases of pneumonia occurred in ten years; in his own experience, gangrene of the lung occurred 40 times; gangrene of the mouth (*noma*), 102 times; of 800 cases of tubercle the peritoneum had been its seat 92 times. Amongst 40,000 cases of sick children, there occurred 425 cases of independent diseases of the liver; in 324 cases of Bright's disease it had occurred primarily only 6 times; of 10,000 sick children in the hospital there were 1192 cases of scrofula and 864 of rickets; of the former, 984 had eczema.

The various subjects are treated with great thoroughness, notwithstanding the very concise style in which they have been written. The pathologico-anatomical descriptions, as we have now become accustomed to expect in German medical works, are everywhere given with great accuracy and exactness. This is also noticeable in the classification of the diseases.

The author's ideas of treatment are always clearly given, and the mind of the reader is never left in confusion as to what Professor Steiner really believes or as to how he practises. A knowledge of the art of making up prescriptions, of the proper doses, and of other minutiae of practice is, as a rule, presupposed,

¹ *Compendium of Children's Diseases.* By DR. JOHANN STEINER. Translated from the Second German Edition, by LAWSON TAIT, F. R. C. S. New York: D. Appleton & Co.

so that those desiring fuller instructions in these matters will have to seek them in larger treatises. Drugs for the most part are simply indicated, and formulated prescriptions are not very numerous.

It is difficult to give a fair idea of a large work by quotations that must necessarily be brief, but we have selected a few, of inherent interest, which will serve to show the independent views of a distinguished authority upon subjects concerning which at the present day there still exists much variance of opinion.

Bromide of potassium, given in doses of from one to two grains every three or four hours, in the treatment of eclampsia has not proved of much use in the author's experience. And with regard to its use in epilepsy he says: "The bromide of potassium has been highly spoken of in recent times, and has come to be the usual remedy employed for epilepsy. Weakening and diminution of the paroxysms I observed in several cases, especially when, after large doses a degree of saturation seemed to occur; but I have not as yet to thank bromide of potassium for a case of permanent recovery. The experience recorded by other practitioners, that any new remedy seems for a time to have a preventive influence over the disease, I can confirm, and herein lies the encouragement frequently to change the remedies in the treatment of such cases."

The term croup is used by Steiner, as by most writers of the present day, in a generic sense for all exudative inflammations of the larynx. The varieties of disease consequently classed under this name do not always present the same pathological changes. According to the nature of the exudation, the terms true, diphtheritic, and purulent are employed. These three varieties cannot always be defined clinically, and may have exactly similar symptoms. The author's experience as to results of treatment in this fatal disease has nothing new to offer. Death has been the rule, tracheotomy alone seeming to diminish somewhat the percentage of deaths. Ninety cases had been operated upon, and 34.6 per cent. of the affected children saved.

The author takes no part in the theory now advanced by some (Hueter, Hallier, Letzerich) that certain organisms of low type are important factors in the causation of diphtheria, whooping-cough, etc. He regards their presence in the former disease as one result of that affection; and in whooping-cough he has never been able to discover them in the expectorated mucus.

The author's treatment of pneumonia is "chiefly dietetic and symptomatic." "To weakly and reduced children," he writes further on, "with extensive hepatization and a tendency to collapse, stimulants must be freely administered, such as wine, æthereal tincture of iron, etc., and these I have often seen have a wonderful effect; indeed, to them I trust chiefly in the treatment of inflammatory diseases of the lungs in children."

In most German works the subject of paracentesis thoracis seems to be but imperfectly appreciated, and the directions for its use unsatisfactory. We find it dismissed in the following few lines: "If the pleurisy should become purulent and the symptoms become unfavorable, thoracentesis must be performed, though very frequently the natural efforts will create an exit. The cavity may afterwards be injected with iodine."

In the chapter on dentition and its dangers, the author admits that while

dentition may go on without any disturbance, in some cases its effect upon the system is very serious, and may even destroy life. "There are certainly," he says, "some pathological conditions which are intimately associated with teething as their cause, though this explanation of them must always be received with caution, and the fashion of attributing to dentition all diseases which may occur during its process must be carefully avoided. . . . It must not be forgotten, in the consideration of any of the conditions above referred to, that the period of dentition also includes many other important changes, such as the weaning of the child, peculiar growth of the brain, and the time when rickets make their appearance; so that great discrimination is necessary to place upon each its proper value." "In general the treatment requires to be merely expectant, with a careful supervision of the child's diet and the removal of any source of excitement. . . . Formerly the gums of nearly every child suffering from any of the maladies of dentition were cut, but this practice is falling more and more into disuse."

In the local treatment of urinary incontinence, cold and aromatic hip baths and the retention of a catheter in the urethra for some time have been found very useful. No definite results have ever been seen by him from the use of extracts of belladonna or nux vomica. "No mechanical contrivance," he writes, "should ever be used for compressing the penis or neck of the bladder, for such can never prove much more than an instrument of torture."

In alluding to the recommendation of Waldenburg and others, in the treatment of eczema in children, to leave such eruptions alone, as far as any local measures are concerned, lest the curing of the rash induce mischief of a more serious kind, as meningitis or hydrocephalus, he says: "More than a thousand cases of eczema have come under my own observation; and almost all have been subject to local treatment, without reference to their duration or extent; and I do not know that any fatal case has occurred during or after such treatment. On the contrary, I have had repeated experience that the cure of the eczema has been followed by relief of serious diseases, which have been caused by the distress and restlessness due to the eruption. I am therefore in favor of local treatment, combined with the constitutional treatment necessary for any dyscrasia which may be detected."

The translation has been done, as a whole, with great care and faithfulness, leaving nothing to be desired as far as concerns elegance of language and general clearness of expression. In the description of treatment the original has not always been given in its entirety, for reasons which the translator does not give. There are now and then errors in translation met with; but these are not very numerous, though in a few instances important, and needing correction as seriously altering the author's meaning. Among important ones noticed are the following: In the treatment of pneumonia (page 155), "when the fever abates" should read, "in order to abate the fever." Again, in the treatment of Bright's disease (page 277), "if there be hæmorrhage from the kidney" should read, "after the blood in the urine begins to decrease." In the chapter on tubercular meningitis (page 34), "the inflammatory condition stands to the granulations in the relation of cause" should read, "in the relation of cause and effect." In the treatment of typhoid fever (page 366),

"starch and opium clysters being also used for the relief of the meteorism" should read, "for the relief of the diarrhoea when excessive." In the differential diagnosis of whooping-cough, "absence of remissions" (Reprisen) should of course read, "absence of the *whoop*." In the chapter on acute gastric catarrh (page 236), "diarrhoea occurring either simultaneously or soon after one another" should read, "diarrhoea and vomiting," etc. On the next page, where speaking of the prognosis, "the occurrence of collapse of brain symptoms" should read, "of collapse *or* of brain symptoms." In the chapter on intestinal obstruction (page 248), "sometimes the gut is prolapsed, with passage of urine and blood" should read, "with passage of mucus and blood." In the chapter on icterus neonatorum (page 264), "skin and urine remaining unaltered" should read, "urine and conjunctiva remaining unaltered." In the chapter on atelectasis pulmonum (page 159), the word emphysema is employed several times where atelectasis pulmonum is meant. "Pulmonary symptoms" (page 171) should read, "general symptoms." "Through urgency of lymphatics" (page 327) should read, "through agency of lymphatics." The *sapo viridis* (Schmierseife) has been translated "*Dutch soap*."

Several notes, chiefly relating to the surgical ailments of children, have been added by the translator and interspersed through the book. The most important one is with regard to the after-treatment of tracheotomy.

At the end, in form of an Appendix, have been given "Rules for Management of Infants," issued by the staff of the Birmingham Sick Children's Hospital. Although ready to indorse the translator's high opinion of the good example which the staff has set by freely distributing these rules amongst the poor, we think that their introduction in the present work is of questionable taste.

The thermometric observations as well as all measurements have been rendered in the Centigrade scale. This is a step in the right direction, and it is to be hoped that it will not be long before in this country we can say as Dr. Tait says of England, that "the metric system is rapidly superseding the old form of weights and measurements."

An alphabetical Index has been added by the translator at the end of the book, the absence of which still continues to be a very common fault in German medical works.

MURCHISON ON FUNCTIONAL DERANGEMENTS OF THE LIVER.¹

THIS work does not need special criticism at our hands, for its author is known to be a distinguished master of the subject on which he has discoursed. His name has long been identified with careful original researches in this department of pathology, and he has given in this little book, the reprint of the Croonian lectures, a clear and comprehensive summary of the present state of

¹ *On Functional Derangements of the Liver: Being the Croonian Lectures for 1874.* By CHARLES MURCHISON, M. D., LL. D., F. R. S., etc. New York: William Wood & Co. 1875.

medical knowledge concerning the relation of functional hepatic disorders to the various vital processes.

In the opening chapter, the author does excellent service in pointing out some of the more important physiological offices of the liver and in correcting the traditional and deeply-rooted error that the essential duty of that organ is to secrete bile. He shows that the liver contributes greatly to the processes of sanguification and of nutrition, and that it is probably the chief seat of the disintegration of albuminous matter and of the formation of urea; moreover, he maintains that the bile itself, although in part excrementitious, is destined in great measure to assist in the assimilation of food. Upon these more comprehensive views of the hepatic function he bases his classification of its derangements; the physician should not judge of these disorders by the quantity or the quality of the bile observed in the dejections, since their manifestations, according to our author, take a far wider range. Corpulence and emaciation, diabetes and gout, lithæmia, urinary calculi, various tissue degenerations, digestive disturbances, derangements of the nervous system, neuralgia, convulsions, paralysis, cardiac diseases, angina pectoris, even diseases of the skin — eczema, psoriasis, lepra, pruritus — may all be traced to a disturbance of the physiological processes with which the liver is concerned.

In the section on treatment, Dr. Murchison pronounces in favor of mercury as the chief of cholagogues; the grounds for this preference are clinical rather than physiological. Mercury, the author says, produces bilious stools by irritating the upper part of the bowel and sweeping on the bile before there is time for its re-absorption; the liver may not be directly stimulated, but the blood is relieved of the bile and other products of disintegrated albumen which would otherwise enter it. Podophyllin acts in a similar manner to mercury. In the author's opinion, alkalies are of far greater utility than acids in the treatment of functional derangements of the liver.

Our brief abstract does only scant justice to the numerous instructive points comprised in this book. Although many of the matters discussed are likely to undergo revision under the present searching investigations of physiologists, the lectures are a valuable contribution to our literature, and the profession is under obligations for this very attractive reprint of them. D.

FOSTER AND BALFOUR ON EMBRYOLOGY.¹

OUR space does not permit us, even if our ability did, to attempt a thorough review of this work. Suffice it to say that it is excellent, and that if the two parts yet to come are equal to the first it will be one of the most valuable of recent contributions to science. But we should be wrong if we spoke of it as of purely scientific value; it is most desirable that every physician should have some idea of embryology, and this book opens the road to every one possessed of sufficient time and application. The subject, though very difficult, is clearly

¹ *The Elements of Embryology.* By M. FOSTER, M. D., F. R. S., and FRANCIS M. BALFOUR. Part I. London: Macmillan and Co. 1874.

treated; patience only is necessary to understand it, and admirable directions are given to those who wish to pursue investigations. The progress of the embryo is traced day by day, with occasional retrospects for the better explanation of the development of various organs. We are sorry to find that the account of the development of the auricular septum does not agree with Rokitsansky's, and we regret that there is no mention of Professor E. C. Morse's investigations of the carpus and tarsus of birds which were prior to those of Rosenberg, who is freely quoted.

This part is devoted to the development of the chick, which is a good starting point on account of the advantages it offers for study. The second will treat of other vertebrates, and the third part will discuss invertebrate embryology and treat of general morphological questions. The book is full of figures and diagrams which are essential to clearness, and doubly valuable from the beauty of their execution.

MAYNE'S MEDICAL VOCABULARY.¹

THERE is a good deal of information to be gained from this unpretentious volume. Its careful study may prevent the appearance of many inaccuracies which are but too common in medical journals. Some definitions are not all that could be desired, and we think much might be omitted, but nevertheless there are few who could not peruse it with profit.

WILLIAMS ON DISEASES OF THE EYE.²

THIS edition does not differ from previous ones except in the title-page, and therefore calls for no extended notice. Without giving an exhaustive account of the subject, or one that ophthalmologists would think free from criticism, it will be of value to the general practitioner.

¹ *A Medical Vocabulary*. By R. C. MAYNE, M. D., and J. MAYNE, M. D. Fourth Edition: Philadelphia: Lindsay and Blackiston. 1875.

² *A Practical Guide to the Study of Diseases of the Eye*. By HENRY W. WILLIAMS, M. D. Fourth Edition. Boston: H. O. Houghton & Co. 1875.

PROCEEDINGS OF THE SUFFOLK DISTRICT MEDICAL SOCIETY.

JAMES R. CHADWICK, M. D., SECRETARY.

APRIL 24, 1875. — Annual meeting. The President, DR. MINOT, in the chair. Seventy members present.

A Curious Result following Cicatrix of the Membrana Tympani, was reported by DR. C. J. BLAKE. A man, thirty years of age, had been under treatment for a purulent inflammation of the middle ear with destruction of the membrana tympani; the purulent discharge had been relieved, but a thin cicatricial membrane was found to have in part replaced the membrana tympani; it stretched across the anterior portion of the tympanic cavity and opening of the Eustachian tube. At a subsequent visit the patient was observed to speak peculiarly, suppressing the nasal sounds *m*, *n*, and *ng*, and substituting *b*, *d*, and *g*. The substitution was voluntary, as the full pronunciation of the nasal sounds was accompanied by a disagreeable noise and movement in the ear.

On examination it was found that with the pronunciation of *m*, the lax cicatrix in the middle ear across the opening of the Eustachian tube moved slightly outward, on pronouncing *n*, still further, and on pronouncing *ng*, a greater and double excursion was observed. These symptoms were put an end to and the patient relieved from his discomfort by making a circular opening in the lax cicatrix. On placing in the ear a manometer having a bore one millimetre in diameter, filled with water, a movement in the manometric column was seen on the pronunciation of the nasal sounds exactly corresponding to the movements of the lax cicatrix before the opening was made. The movements moreover were found to correspond to the logographic curves of *m*, *n*, and *ng*, and proved a regularly increasing pressure in the naso-pharyngeal space and Eustachian tube from *m* to *ng*. These degrees of pressure were also found to correspond to the degree of closure of the buccal cavity in sounding the nasal tones.

With *m*, the buccal cavity is closed at the lips, with *n*, by the tip of the tongue pressing against the bases of the upper incisors, and with *ng*, by the top and back of the tongue closing the buccal cavity at its posterior end. The case suggested a further series of pressure tests to be reported later.

Lead Paralysis. — DR. S. G. WEBBER called attention to a degeneration of the radial nerve found by Westphal in this disease. This lesion accounts for the pain and tingling sensation in the part, symptoms not as yet universally accepted. Soon after reading Westphal's article, Dr. Webber had been consulted by a young woman who was occupied as a type-setter; she had pain in her head and arm together with this peculiar tingling sensation. There was no blue line. The symptoms were unilateral and suggestive of cerebral disease. Iodide of potassium was given, and lead was found subsequently in the urine.

In another case of weakness in the right arm, though there was no blue line and no difference in electrical reaction, Dr. Webber was induced by the peculiar sensation to prescribe iodide of potassium, with a like result.

A section of the radial nerve was exhibited under the microscope, taken, however, not from a patient with lead palsy, but from one with myelitis. It presented the very changes described by Westphal as peculiar to lead poison, and consequently tends to throw doubt upon Westphal's view that the groups of circles, about the size of a nerve fibre, are nerve fibres in process of regeneration. In this case regeneration was impossible, as the disease of the chord had progressed steadily until death supervened. The changes seen were, however, almost identical with those attributed to lead paralysis.

Necrosis: Removal of Sequestrum by Decomposition. — DR. D. M. PARKER related his experience with this method of treating necrosis of the jaw, since it was first devised by him twenty years ago. After many trials he had settled upon nitro-muriatic acid as the most efficient solvent of bone without injury to the adjacent healthy tissues. The paper will be published in full.

DR. H. J. BIGELOW bore testimony to the good action of acid in removing thin scales of bone resulting from ulceration, but did not believe that thick sequestra would be penetrated by the acid, as claimed by the writer. The practical point, however, was that the persistent slight discharges from necrosis of the lower jaw may be safely relieved in the course of a few weeks without resort to a surgical operation.

Exstrophy of the Bladder. — A patient was presented by DR. H. J. BIGELOW upon whom he had operated by a new method. The result appeared to be far superior to that derivable from the old operations. The boy's present comfortable condition was made strikingly evident by comparison with the sad plight of Mr. Hayden, who is so well known in this city as a life-long sufferer from an incurable exstrophy of the bladder. Dr. Bigelow's case will be published shortly in this journal. Before adjourning, the members of the society subscribed \$54.00 for the benefit of Mr. Hayden, who, owing to his infirmity, finds great difficulty in earning a livelihood.

Obstinate Vomiting of Pregnancy. — The case of a woman who had never borne children, but had had three miscarriages at about the end of the third month, was reported by DR. A. P. WEEKS, of Chelsea. When the patient was first seen on February 28th, the stomach rejected every kind of nourishment. The last menstruation had been early in January. Bismuth, oxalate of cerium, calomel and opium, blisters on the epigastrium, were tried with little if any effect. After slight relief for ten days, vomiting recurred with still greater violence. Alkalies, colombo, chloral hydrate, bromide of potash, creasote, hydrocyanic acid, etc., were successively tried and proved inefficient. The hypophosphite of lime internally and extract of belladonna painted upon the vaginal portion of the cervix uteri seemed to cause some abatement of the vomiting. On April 13th it recommenced, however, and blood was found in the ejecta. The emaciation and prostration were then so great, the pulse being 155, and feeble, that on April 17th, after consultation with Dr. Wheeler, labor was induced by means of tents and the administration of ergot. Twins were extracted; very little blood was lost; the vomiting stopped twenty-four hours after the delivery and the patient has since done well. The persistence of the vomiting in this pregnancy and the occurrence of abortion on those previous occasions appeared to have been produced by a shortened condition of the

anterior vaginal wall, together with an induration of the connective tissue between the uterus and bladder; this prevented the uterus from rising in the pelvis as it enlarged, and by the traction kept it in a constant state of irritation.

Myelitis with Recovery. — DR. G. H. LYMAN reported the case which was published in the JOURNAL of May 20th. The regular annual reports of officers and committees were made and accepted. The list of officers already printed in these pages was elected.

A vote of thanks was then tendered the retiring President, and the new incumbent inducted into office with appropriate remarks.

At the request of the Secretary it was voted that those members who sent him the titles of their papers or cases a week before the meeting, and thus enabled him to announce the same in the notifications and in the JOURNAL, should have precedence over all others in the order of exercises at the meetings.

A blue bottle thickly covered with projections, to be used by druggists for poison, was shown by DR. CHADWICK, and its manifest greater safety pointed out. On his motion the following vote, as amended, passed: *Voted*, that this society recommends the use of a bottle for poisonous drugs which betrays both to sight and touch the dangerous character of its contents.

THE MEETING OF THE MASSACHUSETTS MEDICAL SOCIETY.

WHEN this appears, the annual meeting of our State society will have been held, but we must defer to another number the account of the proceedings. The society has never been in so flourishing a condition, and we feel justified in predicting a most successful meeting. The change of time in the exercises of the second day will, it is hoped, prove a convenience to our country members, and will thus insure the representation of all parts of the State.

Through the kindness of the orator we are able to present abstracts of his address. Though reproducing but a small part, we think we have shown the scope of his discourse and the drift of his argument, with the exception of his views on the suppression of quackery, which our space does not permit us to go into. The greater part of the address is devoted to the woman question, which we think is most skillfully handled. While giving full assent to the unfitness of woman for the profession, and the difficulties of her acquiring an education, the orator raised the question whether some acknowledgment is not due to those who have surmounted these obstacles and show really high capabilities. A great objection, as he observes, is that it might appear as if the profession favored female practitioners; but the exceptional cases are so few and far between that it would soon be rightly interpreted as an acknowledgment of individual merit and not as an indorsement of the system. It is in this spirit that we give the following sketch of the life of a lady whose career many of us might be proud to emulate.

DR. SUSAN DIMOCK.

DR. DIMOCK was born in Washington, North Carolina, April 24, 1847, and was lost in the wreck of the steamer Schiller, May 7, 1875. In her short life of twenty-eight years she acquired, in the face of many serious obstacles, an amount of medical knowledge and of surgical skill such as but few possess; and to these qualities she added a maturity of judgment and power of reasoning which are quite as rare. Her father, Henry Dimock, was born in Limington, Maine, and having obtained a collegiate education by his own exertions, was in 1831 head-master of the Roxbury High School. He afterwards taught school in North Carolina, where he studied law and married a Southern lady.

Until the age of twelve, Dr. Dimock was educated entirely by her parents, and her classical studies had advanced so far at this time that her father spoke of her as understanding Latin verse better than he did when he left college. In 1861, when she was fourteen years old, her school studies were interrupted by the war of the Rebellion, and by the death of her father. These trials, however, only served to ripen her judgment and to develop her character as no school-work could have done. Her interest in the study of medicine had already shown itself, and at this early period she determined to make it the occupation of her life, and firmly held to this resolution until she was able to carry it out some years later. Her Southern friends and some of the officers of the Southern army remember well her deep absorption in reading any medical book, however dry, which she could obtain. In the autumn of 1864, Dr. Dimock and her mother, who had suffered much and lost most of their property in the war, came North. For the next six months Miss Dimock was at school at Sterling, Mass., beginning at this time a course of systematic reading of medical books, which were supplied her by a friend in this city. The following autumn she taught school in Hopkinton, continuing her reading under the direction of Dr. Pratt of that place. After she had taught for one term her mother at last gave her full consent to her studying medicine, and at once she devoted herself wholly to her chosen work.

From her entrance into the New England Hospital for women and children, January 10, 1866, until her return from Europe, in 1872, all her time and energy were given to her professional studies. She lived in the hospital for two years and a half, making the most of every advantage offered her in the wards and dispensary. During this time she was admitted to attend the clinical visits at the Massachusetts General Hospital, and the clinics at the Eye and Ear Infirmary for a brief period. After her application for admission to the Harvard Medical School had been refused, she went to Zürich to avail herself of the advantages of the best instruction which was open to her. There, in spite of her previous unfamiliarity with the language, she soon stood among the first of her class, and in 1871 she was graduated with high honors.

The following year she spent in clinical studies at Vienna and Paris, returning to America in the summer of 1872, and at once, on the 20th of August, entered upon her duties as Resident Physician to the New England

Hospital for Women and Children. No sooner had she taken this position than she moved the hospital into its new building, and began at once to systematize the work of both nurses and students in such a way that their services extended to a much larger number of patients than was ever before the case. She also took charge of the dispensary for two days in the week, for the first two years of her hospital life, relinquishing it only when obliged to do so by the requirements of her hospital duties. The training-school for nurses, connected with the hospital, was completely reorganized by her; it was under her charge until just before her departure for Europe.

Her medical skill is attested by the hospital records, with their evidence of favorable results. Her success as a surgeon is also proved in these records by the numerous cases of important surgical operations followed by success. Her skill and self-command in operating no one can appreciate who has not witnessed it.

Few are aware of the loss the public and the medical profession have met with, in her untimely death. Those, however, who have worked with her, have learned fully to respect and admire her rare abilities; and to them, her loss can never be made up. Her brief and highly honorable career points surely to the high position she would have attained had her life been spared.

MEDICAL NOTES.

— The proprietorship of the *New Orleans Medical and Surgical Journal* has passed from the hands of Dr. Bemiss into those of Seymour and Stevens.

— Col. J. H. Baxter, chief medical purveyor of the United States army, recently graduated from the law department of Columbian University, and was admitted to the bar of the Supreme Court of the District of Columbia.

— Salicylic acid has been recently introduced into the surgical department of Bellevue Hospital, New York, and serves a much better purpose than carbolic acid. The great advantage it possesses is, that it is destitute of odor, while it thoroughly deodorizes all discharges that it comes in contact with. It is used in solution directly upon the granulating surface by means of a syringe or irrigator. The solution is made by combining and dissolving the following: Salicylic acid, one part; phosphate of soda, three parts; water, one hundred parts.

— At the session of the Society of Biology of April 10, M. Onimus reported his experiments upon the contractility of the heart and the muscles of the trunk of an executed criminal. Two hours after execution the right auricle still contracted spontaneously, or at least with very feeble excitation. The left ventricle only contracted with very powerful irritation. Two hours later, contractility still existed, but it was less marked. Electricity produced some fibrillar contractions, to which succeeded an entire movement. Of the muscles of the trunk, the intercostals longest preserved their contractility. The contractions were strongest from the positive pole. The continued currents produced contractions for a longer time than the induced.

— At a recent meeting of the Society of Biology, of Paris, M. Calmette presented very many sphygmographic tracings, showing perfectly the influence of the position of the arm upon the form of the tracing. If the arm were held vertically it was found that the tracings had all the characteristics of aortic insufficiency. An explanation of the fact is in the diminution of the arterial tension which is produced in this position of the arm, and in the facility with which the blood sent forth by the heart is reflected toward that organ after the systole. The conditions of aortic insufficiency are realized in such cases, and the tracings are of that lesion. Similar facts were observed in cases of typhoid fever, the markings varying with the position of the patient.

— The Medical Association of the State of Alabama offers a prize for the best essay on Bright's disease, which must be forwarded to Dr. Jerome Cochrane, of Mobile, Alabama, on or before the first day of February, 1876, and be accompanied by a sealed letter containing name and address of the author, which letter is not to be opened until after the adjudication is made. The prize essay is to be the property of the association, and to be published in its annual volume of transactions; and all unsuccessful papers will be returned to the address of the authors, honorable mention being made of any deemed of especial merit. The prize will be one hundred dollars in currency, with a certificate of the association suitably inscribed and bearing the seal of the association; or at the option of the successful author it will be wrought into a gold medal or plate, with a suitable legend and a fac-simile of the seal of the association engraved thereon, to be of the full value of one hundred dollars, less the price of manufacture.

LETTER FROM LONDON.

MESSRS. EDITORS, — Just now the principal professional societies here close their winter session, during which alone they hold their meetings; it seems, therefore, a suitable season for me to refer to some of the work recently before them. As many of your readers will have learned from the extended reports which appear in the British weekly medical periodicals, there have been very many unusually interesting and important questions under discussion at our medical societies during the past session. But though the debates have been earnest, prolonged, and instructive, they have served to record the divers opinions of numerous observers, rather than to elucidate and settle the important point at issue by distinguishing between facts and fallacies.

The most notable instance of this will be found upon reference to the *Lancet* reports of the Pathological Society's debate on the germ theory of disease. After occupying three entire evenings this debate has effected little, if aught, more than to point out numerous special directions in which extensive and careful original research is necessary before the subject can be considered ripe for beneficial discussion.

Perhaps I shall be forgiven if I remind you that Dr. Bastien, the author of the paper referred to, is a champion of the doctrine of spontaneous gener-

ation; this reminder may serve to explain the complacent manner in which he styles an hypothesis "the theory," and will in a measure account for the tactics used by him in his reply, which, when published, will afford fresh data for estimating the value of the support derived by a weak argument from the attempted importation of uncalled-for personalities.

A paper recently read at the Royal Medico-Chirurgical Society, of London, by Mr. Acton, a well-known writer on prostitution, has proved the one necessary and glorious exception to what I have already mentioned as a rule. This paper, which was on the prevalence and severity of syphilis among the troops quartered in London, as compared with the rarity of the disease among soldiers in the garrisons of Paris and Brussels, from observations the result of a personal investigation made during the autumn of 1874, sufficed to prove the immense sanitary influence effected by the enforcement of legislative enactments concerning prostitutes afflicted with communicable, contagious disease. Mr. Acton deduced from his figures that at the present time there was more venereal disease in a single battalion of London foot guards (500 strong) than among the whole garrison of Paris, consisting of 3841 men.

His own experience, and that of several who took part in the debate upon his paper, was corroborative of the greater severity of venereal disorders in London than in either Paris or Brussels, and of the cases met with in a protected district here being of a far milder type than those seen in towns not under the operations of the Contagious Diseases Acts. In a paper which Mr. Acton read before the same society in 1860, he recommended the regular supervision of prostitution as an experiment justified then only by continental experience; but on the occasion of which I am now writing, he spoke of that experiment as having been made in fourteen British towns, enabling him now to show that it had been successful even beyond the expectations of its supporters.

The party which exerts itself for the repeal of the Contagious Diseases Acts (as they are commonly styled) was represented by Drs. Drysdale and Birbeck Nevins. The remarks of the former were moderately reasonable, as he confined them to depreciating the efficiency of the acts in reducing syphilis amongst the civil population. But what fell from Dr. Birbeck Nevins was most characteristic of the party whose champion he is, his observations often being altogether foreign to the main issue of the question, and quite unsupported by evidence other than such (if it is to be honored with the title of evidence) as he fancied he could deduce from the comparison of isolated years; thus he compared a single year showing a low rate of venereal prior to the operation of the acts with a particular year having a high rate since the acts, and entirely omitted to recognize one possible source of great error in handling the army reports, namely, that since 1869 cases of secondary syphilis have been returned under one head, whereas prior to that year they were grouped under three heads: "secondary syphilis," "syphilitic iritis," and "syphilitic cachexia."

The following paragraph from the Report of the Royal Commission of 1870 upon the operation of the acts, which is always quoted with great triumph by their opponents, was well explained by Mr. Timothy Holmes, who sat upon

that commission: "There is no distinct evidence that any diminution of disease amongst the men in the army and navy which may have taken place is attributable to a diminution of diseases contingent upon the system of periodical examination amongst the women with whom they consort."

Mr. Holmes showed that the passage could have but little value, being founded upon want of evidence, as at the date of the report from which it was quoted, the system of periodical examination of prostitutes had been too recently introduced to afford evidence as to its results. He said that the above sentence was protested against by a large minority, comprising all save two of the medical members of the commission. Mr. Holmes stated that the medical officers who had men under their charge affected by the working of the acts were unanimous in the opinion that not only had disease been materially diminished, but its severity had been decreased; and that this, far more than any amount of figures, called for a fair trial of the acts, and parliament should resist opposition to the extension of these acts as strenuously as it in former times resisted opposition to compulsory vaccination. Surgeon-Major De Chaumont exhibited a table showing the influence due to the introduction of recruits, which forms an important element in estimating the prevalence of venereal disease amongst troops. This he termed the "epinozoic" (prone to disease) element, and demonstrated the important relation its ratio bore to that of venereal disease in a regiment. This paper and discussion came at a most opportune moment, as only a few days previous the association for the repeal of the Contagious Diseases Acts had commenced to infest the country with the first issue of the *Medical Enquirer*, a monthly journal, the only beneficial effect of which is likely to be experienced by the quarter of a dozen of medical practitioners who utilize it as a cheap and effectual medium for advertising their addresses, qualifications, and speciality.

The extreme folly of the so-called arguments of the association was shown in the fact of one of its representative medical officers imagining he had proved that the working of the acts had operated to increase rather than diminish syphilis in the army. The most charitable criticism that I am able to pass upon those who, not being ignorant, still oppose legislative interference in the matter is, that they reason from figures and blue books, but do not touch facts.

The prosecution of obstetric practice threatens to become a most hazardous undertaking here. Quite recently a midwife has been convicted of manslaughter, and sentenced to six months' imprisonment for causing the death of a woman by conveying to her puerperal fever after medical men and others had repeatedly cautioned the accoucheuse of the risk she ran by continuing to follow her avocation whilst puerperal fever was rife amongst those she had recently delivered.

Within a few months, a medical man has received a like sentence for having in the perplexity of the moment removed with scissors a large portion of intestine which prolapsed through an extensive rupture of the vagina.

The criminal liability of medical practitioners in the exercise of their necessarily perilous calling is a subject of the highest importance, and one that deserves to be defined by the light of the most recent observations, and ought not to be hastily decided as a precedent by coroners and criminal judges, who

are of necessity incapable of calmly and impartially taking and weighing evidence of a nature quite new and appalling to them. It is to be hoped, therefore, that the whole subject will, at an early date, be investigated by an influential committee of medical men; of this there is considerable hope, as Dr. Matthew Duncan has introduced it into the debate now going on before the Obstetrical Society of London, on Mr. Spencer Wells' paper, On the Relation of Puerperal Fever to the Infective Diseases and Pyæmia.

Much stir has been created here by the system of ventilation which has been patented by Mr. Tobin, of Leeds, a merchant who was probably better known in your country than on this side of the ocean which he has crossed forty-four times. Tobin's system of ventilation was fully and fairly described in the *Times*; this drew Captain Galton, the patentee of a rival plan, into what would have been a newspaper controversy had it not been for the one decisive blow which his arguments received from the pen of Mr. Brudwell Carter, whose patients in the ophthalmic wards of St. George's Hospital were luxuriating in fresh air supplied to them by Tobin's method. But last week Captain Galton received a more humiliating defeat than it often falls to the lot of common-sense persons to experience. Mr. Carter invited a very select party of thirty, which included two dukes, an earl, some engineers, a chemist, representatives of the press, and Captain Galton, to inspect the ventilation of one of his wards. The last-named gentleman having been furnished with a lighted taper, started in diligent search for the draught which he said must exist; when he believed himself successful in finding what he desired, he called those present to witness what proved naught more than a mare's nest.

I hope in my next letter to give you the opinion of the committee which has been appointed to report on the Tobin method, though I have little hesitation in expressing my belief, from the knowledge I have of the matter, that their report must be most favorable.

LONDON, May 13, 1875.

HARVARD MEDICAL SCHOOL.

- FRENCH OR GERMAN FOR LATIN.

MESSRS. EDITORS,—When in 1871 the plan of study was so radically changed in the Harvard Medical School, every lover of scientific attainment rejoiced as in the dawn of a perfection not yet realized in this country. The plan making a satisfactory examination in one department of study to be the passport to another, and the diploma to be a certificate of actual accomplishment rather than of time spent, places the question upon the basis where all truly scientific instruction must rest.

We have many good medical schools, but the one of Harvard is the only one that has taken the bold and decisive step toward the change so much needed; and when, a few weeks ago, it was announced that an entering examination would be required, it was cause for congratulation, being another step

toward the desirable end, tending to bring better developed and more fully disciplined minds to the study of medical science.

But there is one thing I am not in sympathy with, and cannot understand the wherefore of, and that is, the substitution of French or German for Latin in the entrance examination.

The Latin language is the universally acknowledged philological foundation of scientific literature, and indeed of all literature whatever. There are many reasons for this, chief among which is, it is a dead language and therefore not subject to the changes of one which is spoken. True, the Latin of the present is not quite the Latin of Cicero, but it is more nearly changeless than any other language made practicable. When the Harvard Medical School made a knowledge of Latin to be one of its conditions of matriculation it did well, and what ought to be done by every school claiming to teach medical science; but why should French or German be considered as a substitute? Are we never to be done with a sickly sentiment concerning the language and literature and customs of other nations? The matter in consideration savors of the same senselessness as does the custom of putting in the left-hand lower corner of cards of invitation the Frenchy initials, "R. S. V. P." instead of the simple "Please Reply" of our own language. In France the French, and in Germany the German language as a substitute for Latin, would have some show of sense; but I do not see why we should adopt any foreign living language into any school, scientific or otherwise, in this country. If anything is to take the place of translation of easy Latin prose, let it be the elements of English grammar.

MARTIN BRUCE, M. D.

BRATTLEBORO, Vt., May, 1875.

WEEKLY BULLETIN OF PREVALENT DISEASES.

THE following is a bulletin of the diseases prevalent in Massachusetts during the week ending June 5, 1875, compiled under the authority of the State Board of Health from the returns of physicians representing all sections of the State:—

In Berkshire there is a gratifying absence of acute diseases. Pneumonia and rheumatism are the only ones deserving mention.

In the Connecticut Valley influenza, diphtheria, and rheumatism prevail. Holyoke reports one case of varioloid. Ashfield has cases of cerebro-spinal meningitis. Granby has had an unusual prevalence of catarrhal ophthalmia.

In Worcester County the prevailing diseases are bronchitis, rheumatism, pneumonia, and influenza. Westborough reports an epidemic of measles. Linwood has one case of small-pox. "German measles" has appeared at Winchendon.

In the northeastern counties there is but little sickness; rheumatism is the most prevalent affection. Cholera morbus is reported as present in a few towns. "German measles" has a limited prevalence. Waltham reports conjunctivitis as epidemic.

The Metropolitan section reports a return of the measles, more than half the observers mentioning it. Pneumonia and rheumatism continue. Dysentery is reported by several physicians. Diarrhœa, diphtheria, scarlatina, and whooping-cough have all declined. "German measles" continues to be reported.

In the Southeastern counties bronchitis, influenza, rheumatism, and scarlatina prevail; the latter has increased considerably during the week. Diarrhœa is more prevalent than usual.

In the State at large rheumatism and scarlatina have increased in prevalence; all the other diseases have diminished.

Scarlatina has its greatest prevalence on the Cape; measles is most rife in and near Boston; diphtheria is in the Connecticut Valley and in Worcester County.

F. W. DRAPER, M. D., Registrar.

COMPARATIVE MORTALITY-RATES FOR THE WEEK ENDING MAY 29, 1875.

	Estimated Population.	Total Mortality for the Week.	Annual Death-rate per 1000 during Week.
New York	1,040,000	524	26
Philadelphia	775,000	355	24
Brooklyn	450,000		
Boston	350,000	155	22
Providence	100,000	24	12
Worcester	50,000	19	20
Lowell	50,000	6	6
Cambridge	44,000	22	26
Fall River	34,200	17	26
Lawrence	33,000	15	24
Springfield	33,000	4	6
Lynn	28,000	9	17
Salem	26,000	11	22

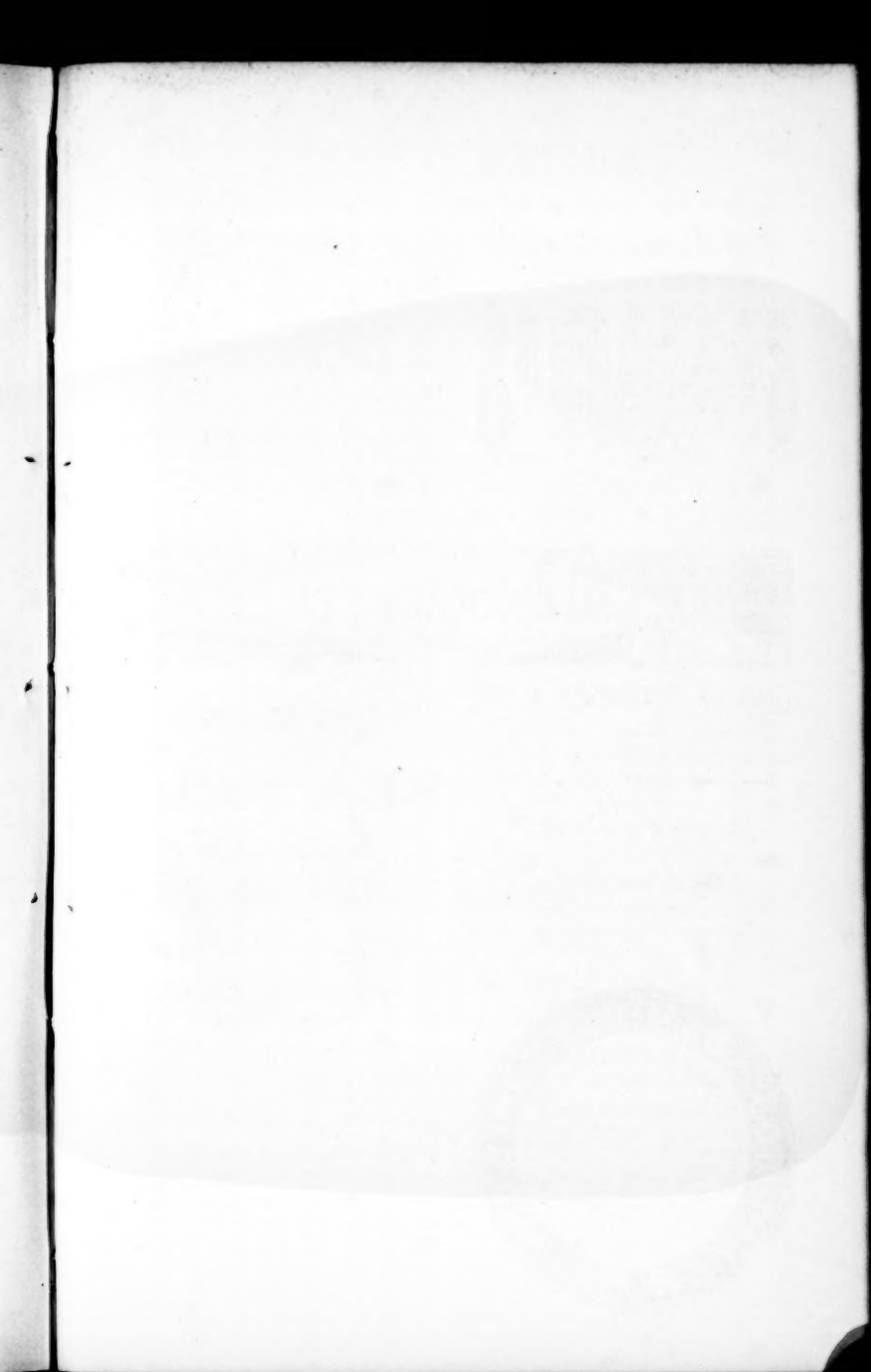
BOOKS AND PAMPHLETS RECEIVED. — Nose, Throat, and Ear. Instruments and Remarks. By Thomas F. Rumbold, M. D. St. Louis: A. M. Leslie & Co. Third Edition.

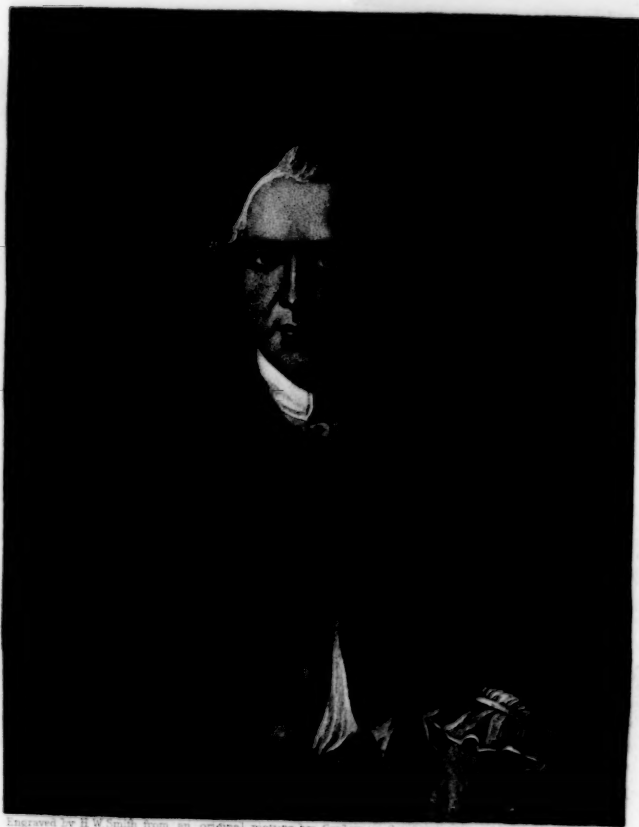
Rest in the Treatment of Nervous Diseases. By S. Weir Mitchell, M. D. Vol. I. No. 4 of American Clinical Lectures. New York: G. P. Putnam & Sons. 1875.

The Pathology and Etiology of Pulmonary Phthisis in Relation to its Early Arrest. By E. Darwin Hudson, Jr., M. D. (Reprinted from Transactions of New York Academy of Medicine.) New York: D. Appleton & Co.

Medical Addresses. By B. E. Cotting, M. D. Harv. Boston: David Clapp & Son. 1875.

NOTICE. — We are requested to state that those members of the Massachusetts Medical Society who did not receive a copy of Dr. Cotting's Medical Addresses yesterday, and who desire to have the book, may obtain it by addressing the publishers, Messrs. D. Clapp & Son, 564 Washington St., Boston, before July 1.





Engraved by H W Smith from an original picture by Copley in the possession of Dr J Mason Warren.

Joseph Warren